

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

35724

1. PLACE OF DEATH

County Buonahan

Registration District No. 6

Township St. Joseph

Primary Registration District No. 11

City St. Joseph

(No. Sunnyslope Hospital)

File No. 11113

Registered No. 11113

St. Saxton Ward Missouri

2. FULL NAME

Laura Agnes Hornbuckle

(a) Residence, No. Saxton

St. Missouri

Ward Saxton

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 13, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

45

3

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Easton Missouri

MOTHER FATHER

13. NAME

Hardin E. Hornbuckle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Platt County Missouri

15. MAIDEN NAME

Sarah A. Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Platt County Missouri

17. INFORMANT (ADDRESS)

Hardin E. Hornbuckle Saxton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE

Easton Missouri DATE Nov 14, 1933

19. UNDERTAKER (ADDRESS)

H.C. Pidenfaden 1802 Union Street

20. FILED

11-13

1933

John R. Bender Registrar

1. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932 to Nov 11, 1933

I last saw her alive on Nov 10, 1933 Death is said

to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis - pulmonary Date of onset 1912

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) M. H. Tally M. D.

(Address) 111 Cortly Rd. St. Joseph, Mo.

